REPORT FORM TO THE
DIVISION OF INSURANCE FRAUD INVESTIGATION
KENTUCKY DEPARTMENT OF INSURANCE

This form is to be used to report suspected fraudulent insurance acts pursuant to the Insurance Fraud Act (KRS Chapter 304.47)

Complete this form and send to:

Division of Insurance Fraud Investigation
Kentucky Department of Insurance
909 Leawood Drive
P.O. Box 4050
Frankfort, KY 40604-4050
Telephone # (502) 564-1461, 1-800-595-6053
Facsimile # (502) 564-1464

USE ADDITIONAL SHEETS AS REQUIRED FOR COMPLETE REPORTING

GENERAL INFORMATION
(Complete questions 1 or 2 and questions 3-6)

1. This report arises out of workers' compensation and the primary suspect is:
   ____Employee
   ____Employer
   ____Insurer or Agent
   ____Health Care Provider
   ____Attorney
   ____Other (Explain) _____

2a. This report arises out of an insurance policy involving:
   ____Life, Health or Disability
   ____Property and Casualty other than auto
   ____Auto

b. The primary suspect is:
   ____Insured
   ____Insurer or Agent
   ____Health Care Provider
   ____Attorney
   ____3rd Party Bodily Injury Claimant
   ____Other (Explain) _____
   _____
   _____
   _____

3. Primary County Location of Suspected Fraudulent Activity _____

4. Type of Fraud
   ____Claims
      ____Arson
      ____Theft of Property
      ____Staged Accident
      ____Exaggerated Disability
      ____Health Care Provider
      ____Other (Explain) _____
   ____Misrepresentation on Application
   ____Theft of Premium
   ____Issuance of False Policies, Certificates, Proofs of Insurance, etc.
   ____Unauthorized Insurance
   ____Other (Explain) _____

5. Amount of money actually paid or lost due to suspected fraudulent insurance activity.*
   $_____

6. Total amount of financial exposure due to suspected fraudulent insurance activity.*
   $_____

(*In excess of any legitimate claim)

REPORTING BY INSURER (including workers' compensation self-insured groups and individual self-insured employers)

Insurer _____
Address _____
Phone Number_____ Facsimile Number _____
Policy Number_____ Claim Number _____
Effective Dates of Coverage _____
Name of insured or member _____
Address _____
Phone Number_____ Facsimile Number _____
Name of person preparing report _____
Address _____
Phone Number_____ Facsimile Number _____

Is preparing person the SIU contact registered with this Division? _____Yes _____No
If no, list name, address and telephone number of registered SIU contact.

_____
_____

REPORTING BY PERSON NOT AN INSURER

Complete Name _____
Occupation and Title_____
Complete Address_____
Phone Number_____ Facsimile Number _____

INFORMATION HAS BEEN REPORTED TO THE FOLLOWING OTHER AGENCY OR ENTITY

Complete Name _____
Complete Address_____
Phone Number_____ Facsimile Number _____
Contact Person_____ Title _____

CLAIM INFORMATION

Initial Date of Loss or Occurrence _____
Location of Initial Loss (including complete address) _____
_____
State the following for all claims for payment:
Name of Person making claim(s) _____
Type of Claim(s) _____
Amount of Claim(s)_____
Amount of Payment(s) (if any)_____ Date(s)_____

DETAILED NARRATIVE OF SUSPECTED FRAUDULENT INSURANCE ACT

_____
_____
_____
_____
_____
_____
_____
_____

INFORMATION CONCERNING EACH PARTY INVOLVED

Complete Name _____
Business and Alias Name _____
Complete Address_____
Phone Number_____ Facsimile Number _____
Date of Birth_____ Age_____ Social Security Number _____
Tax I.D. Number_____ Driver's License Number _____
Name, address & phone number of attorney _____

EVIDENCE

Itemize all evidence of suspected fraudulent insurance acts and explain its significance. Attach copies of all documentary evidence but maintain originals in your file. Only send pertinent information.
DO NOT SEND THE ENTIRE FILE.

_____
_____
_____
_____
_____
_____
_____

CIVIL ACTION

Is there a civil suit pending? _____Yes _____No If yes, attach a copy of the court file.

Is the investigation by the insurer completed? _____Yes _____No If no, when is it anticipated that the investigation will be completed and additional information sent to the Division of Insurance Fraud Investigation? _____

_____ _____
Signature of Reporting Party Date